
Plan Name

HEALTHY FAMILIES PROGRAM
Cultural and Linguistic Services Report

This report is to be completed by plans with a 2004-05 HFP contract ("**current plans**") and all plans proposing to serve HFP subscribers in 2005-08 ("**proposed plans**"). **Proposed plans** include plans new to HFP ("**new plans**"), as well as current plans proposing to continue serving HFP subscribers.

Plans should report in a narrative format the linguistically and culturally appropriate services provided and proposed to be provided to meet the needs of limited English proficient applicants and subscribers in the Program. Submission of this report fulfills the requirement in the 2004-05 contract for currently participating plans to submit a C&L report by December 10, 2004 (Exhibit A, Item III.C.3.c.). Please follow the instructions carefully and note that proposed plans must provide additional information.

NOTE: Responses to all or part of the following questions may be made publicly available.

A. Linguistic Services

*Current plans and proposed plans should complete this section with reference to **current** C&L services for HFP subscribers. New plans should complete the responses with reference to a current non-HFP product line and identify the product line used. Additionally, all proposed plans should indicate what changes, if any, they would make to their current C&L services to fulfill the model contract requirements for 2005-06.*

1. a. **(for current and proposed plans)** Please describe the plan's current methodology for assigning members to culturally and linguistically appropriate providers.
- b. **(for proposed plans)** Would the plan make any changes for 2005-06?
2. **(for current and proposed plans)** Please describe how the plan currently makes interpreter services available to subscribers. **Proposed plans** should additionally describe any changes the plan would make for 2005-06 to comply with the HFP model contract. In your description, please:
 - a. Describe how the plan provides 24 hour access to interpreter services for all limited English proficient (LEP) subscribers, including the accommodations for providing an interpreter, if requested, for a scheduled appointment. Describe how the plan ensures that subcontracted providers comply with these requirements. (Reference: HFP Contract, Exhibit A, Item III.C.1.b.)
 - b. Describe how the plan identifies LEP subscribers, records the language needs of each LEP subscriber in the subscriber's membership record, and informs each LEP subscriber's designated provider of the subscriber's language needs. (Reference: HFP Contract, Exhibit A, Item III.C.1.c.)

- c. Describe how the plan ensures and monitors that requests or refusals of language interpreter services by subscribers are documented in the medical records of plan providers. (Reference: HFP Contract, Exhibit A, Item III.C.1.d.)
- d. Provide a copy of the policies and procedures discussed in Items 2.a., 2.b., and 2.c.
- e. Describe how the plan ensures that subscribers and providers are made aware of the availability of free interpreter services through the plan. (Reference: HFP Contract, Exhibit A, Item III.C.1.e)

In your description, please:

- i. Describe how the plan informs subscribers and providers of:
 - a) The availability of interpreter services at no charge;
 - b) The subscriber's right not to use family members or friends as interpreters;
 - c) The subscriber's right to request an interpreter during discussions of medical information, such as diagnosis of medical conditions and proposed treatment options, and explanations of plans of care or other discussions with providers;
 - d) The subscriber's right to receive written materials in the subscriber's primary language;
 - e) The subscriber's right to file a complaint or grievance if he or she believes his or her linguistic needs are not met.
- ii. Provide a copy of the policies and procedures discussed in 2.e. and 2.e.i.
- f. Describe how the plan ensures that there is appropriate bilingual proficiency at medical and non-medical points of contact. (Reference: HFP Contract, Exhibit A, Item III.C.1.f.)

B. Translation of Written Materials

Current plans should complete the following responses with reference to current translations for HFP subscribers. New plans should respond with reference to a current non-HFP product line and identify the product line used.

1. **(for current and proposed plans)** For each of the member materials listed below, please list the non-English languages in which the plan translates the materials. Please note that the information provided will be included in comparative charts in the Healthy Families Program brochure or other public documents. (Reference: HFP Contract, Exhibit A, Item III.C.2.a).

Plan Documents	Current Languages
Evidence of Coverage document (or Certificate of Insurance)	
Member Handbook and information on how to use "member handbook"	
Welcome letter	
Newsletters	
Preventive services reminders	
Disclosure forms	
Consent Forms	
Letter and notices reducing, denying, modifying or terminating services or benefits	
Form letters	
Letters and notices requiring a response from the subscriber	
Patient satisfaction surveys	
Notice of free language assistance	
Provider listings	
Marketing materials	
Complaints and Grievance process materials	
Emergency Room follow-up	
Any documents required by law or affecting any legal right or responsibility	
Other (please describe)	

2. a. **(for current and proposed plans)** Describe how the plan currently ensures that members who are unable to read the written materials that have been translated into non-English languages have access to the contents of the written materials. (Reference: HFP Contract Exhibit A, Item III.C.2.a.)
- b. **(for proposed plans)** Describe any changes that would be made for 2005-06 to provide an alternative form of access for subscribers described in 2.a. and to provide written materials at a sixth grade reading level. (Reference: HFP Model Contract Exhibit A, Item II.C.2.a.)
3. a. **(for current and proposed plans)** Describe how the plan ensures the quality of currently translated materials. (Reference: HFP Contract Exhibit A, Item III.C.2.b.)
- b. **(for proposed plans)** Describe any changes that would be made for 2005-06 to ensure the quality of translated materials. (Reference: HFP Model Contract Exhibit A, Item III.C.2.b.)

C. Cultural and Linguistic Group Needs Assessment
(to be completed by current plans only)

1. In your last C & L report, your plan included an update of activities and services to implement findings from your Group Needs Assessment (GNA). Please provide an update in your response. (Reference: HFP Contract, Exhibit A, Item III.C.3.a)
 - a. What services and/or activities did your plan accomplish in the **2003-04** Benefit year?
 - b. What services and/or activities in the outline provided in your last C&L report for **2003-04** have not been accomplished? Please describe your current plans of action and timeline for implementation of the activities.
 - c. What additional or new services or activities will your plan be implementing in **2004-05** to further address the GNA findings? Please include an outline of these services and/or activities and the timeline for implementation with milestones.
2. Describe how your plan provides an opportunity for representatives of subscribers enrolled in the Program to provide input in the development of health education programs in response to needs identified in your plan's GNA. If a committee was used, please provide name of the committee and how often the committee meets. (Reference: HFP Contract, Exhibit A, Item III.C.3.c)

D. Operationalizing Cultural and Linguistic Competency

Current plans should complete this section with reference to C&L policies and procedures for HFP subscribers. New plans should complete the responses with reference to a current non-HFP product line and identify the product line used.

1. a. **(for current plans only)** Describe the internal systems the plan developed during the **2003-04** year to meet the cultural and linguistic needs of subscribers. In your response, please indicate whether any of the following were implemented: (Reference: HFP Contract, Exhibit A, Items III.C.3.a and III.C.3.b.)
 - i. Establishing and maintaining a process to evaluate and determine the need for special initiatives related to cultural competency
 - ii. Developing recruitment and retention initiatives to establish organization-wide staffing that is reflective and/or responsive to the needs of the community
 - iii. Establishing a special office or designated staff to coordinate and facilitate the integration of cultural competency guidelines
 - iv. Providing an array of communication tools to distribute information to staff relating to cultural competency issues
 - v. Maintaining an information system capable of identifying and profiling cultural and linguistic specific patient data
 - vi. Evaluating the effectiveness of strategies and programs in improving the health status of cultural defined populations
- b. **(for current and proposed plans)** Describe any activities that the plan has or will implement in **2004-05** to develop its internal systems.
- c. **(for proposed plans)** Describe any activities that the plan will implement in **2005-06** to develop its internal systems. (Reference: HFP Model Contract Exhibit A, Items III.4.a. and III.4.b.)
2. a. **(for current and proposed plans)** Describe what initial and continuing training on cultural competency is given to staff and providers (include course description, date, duration, and frequency of training session). (Reference: HFP Model Contract, Exhibit A, Item III.C.4.a)
 - i. How is the effectiveness of this training evaluated? Include feedback from subscriber surveys, staff, providers, encounter/ claim data.
 - ii. Provide a copy of training curriculum presented to staff and providers.
- b. **(for proposed plans)** Describe any changes the plan would make for 2005-06 to comply with the model contract. (Reference: HFP Model Contract, Exhibit A, Item III.C.4.a.)

3. a. **(for current and proposed plans)** Describe how the plan participates with government, community, and educational institutions in matters related to best practices in cultural competency in managed health care to ensure the plan maintains current information and an outside perspective in its policies. (Reference: HFP Model Contract, Exhibit A, Item III.C.4.b.)

b. **(for proposed plans)** Describe any changes the plan would make for 2005-06.

4. a. **(for current and proposed plans)** Describe how the plan assesses the cultural competence of the plan's providers on a regular basis. (Reference: HFP Model Contract, Exhibit A, Item III.C.4.b.)

b. **(for proposed plans)** Describe any changes the plan would make for 2005-06.

5. a. **(for current and proposed plans)** Describe how the plan ensures that referrals to culturally and linguistically appropriate community services program are made. (Reference: HFP Model Contract, Exhibit A, Item III.C.4.c.)

b. **(for proposed plans)** Describe any changes the plan would make for 2005-06.

6. a. **(for current and proposed plans)** Describe how the plan evaluates its cultural and linguistic services and outcomes of cultural and linguistic activities as part of the plan's ongoing quality improvement effort. (Reference: HFP Model Contract, Exhibit A, Item III.C.4.c.)

b. **(for proposed plans)** Describe any changes the plan would make for 2005-06.

Contact Person

e-mail

Title

Phone Number